

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Office Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11054	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Louis G Rasetta P.O. Box, Bldg., Room No., if any Street 74 Fuller Rd City No Andover State MA ZIP Code + 4 01845	4. Name, file number, and address of labor organization. Name Engineers, Operating, AFL-CIO LU4 Labor Organization File Number 033-610 P.O. Box, Building and Room Number, if any Street 16 Trotter Drive City Medway State MA ZIP Code + 4 02053
5. Position in labor organization. Business Manager - Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Louis G. Rasetta

On

8/12/2005

Date

978.686.4762

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Hoisting & Portable Engineers,
Local 4 Apprentice & Training Program**

Trade Name, if any: **Engineers Training Center**

P.O. Box, Bldg., Room No., if any

Street **1 Engineers Way**

City **Canton**

State **MA** ZIP Code + 4 **02021**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Hoisting & Portable Engineers,
Local 4 Apprentice & Training Program**

Trade Name, if any: **Engineers Training Center**

P.O. Box, Bldg., Room No., if any

Street **1 Engineers Way**

City **Canton**

State **MA** ZIP Code + 4 **02021**

11.a. Nature of such dealing.

**Labor Management Construction Safety
Conference - March 23-24, 2004**

11.b. Approximate dollar value of such dealing. **250.00**

12.a. Nature of interest held or income received.

Meeting Registration \$250.00

12.b. Amount. **250.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	Louis G. Rasetta	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program</p> <p>Trade Name, if any: Engineers Training Center</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 Engineers Way</p> <p>City Canton</p> <p>State MA ZIP Code + 4 02021</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>										
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program</p> <p>Trade Name, if any: Engineers Training Center</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 Engineers Way</p> <p>City Canton</p> <p>State MA ZIP Code + 4 02021</p>	<p>11.a. Nature of such dealing.</p> <p>IUOE Training and Safety & Health Conference - April 17-23, 2004</p>										
	<p>11.b. Approximate dollar value of such dealing. 2691.00</p>										
	<p>12.a. Nature of interest held or income received.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Air Fare</td> <td style="text-align: right; padding: 2px;">637</td> </tr> <tr> <td style="padding: 2px;">Hotel Bill</td> <td style="text-align: right; padding: 2px;">1254</td> </tr> <tr> <td style="padding: 2px;">Registration</td> <td style="text-align: right; padding: 2px;">250</td> </tr> <tr> <td style="padding: 2px;">Daily Expenses</td> <td style="text-align: right; padding: 2px;">550</td> </tr> <tr> <td colspan="2" style="padding: 2px;">(meals, tips, ground transportation tolls, parking, porters)</td> </tr> </table>	Air Fare	637	Hotel Bill	1254	Registration	250	Daily Expenses	550	(meals, tips, ground transportation tolls, parking, porters)	
Air Fare	637										
Hotel Bill	1254										
Registration	250										
Daily Expenses	550										
(meals, tips, ground transportation tolls, parking, porters)											
	<p>12.b. Amount. 2691.00</p>										

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Louis G. Rasetta	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center P.O. Box, Bldg., Room No., if any Street 1 Engineers Way City Canton State MA ZIP Code + 4 02021	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center P.O. Box, Bldg., Room No., if any Street 1 Engineers Way City Canton State MA ZIP Code + 4 02021	11.a. Nature of such dealing. Massachusetts Building Trades Council AFL-CIO May 12-14, 2004 <hr/> 11.b. Approximate dollar value of such dealing. 28.00 12.a. Nature of interest held or income received. <div style="text-align: center;">Meal 28.00</div> <hr/> 12.b. Amount. 28.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Louis G. Rasetta	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program</p> <p>Trade Name, if any: Engineers Training Center</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 Engineers Way</p> <p>City Canton</p> <p>State MA ZIP Code + 4 02021</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program</p> <p>Trade Name, if any: Engineers Training Center</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 Engineers Way</p> <p>City Canton</p> <p>State MA ZIP Code + 4 02021</p>	<p>11.a. Nature of such dealing.</p> <p>Eastern Seaboard Apprenticeship Conf. June 15, 2004</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 28.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Meal 28.00</p> <hr/> <p>12.b. Amount. 28.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Louis G. Rasetta	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any P. O. Box 345 Street 177 Bedford St. City Lexington State MA ZIP Code + 4 02420	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Health and Welfare Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any P. O. Box 345 Street 177 Bedford St. City Lexington State MA ZIP Code + 4 02420	11.a. Nature of such dealing. Health & Welfare Trustee working lunch Radisson Hotel, Boston 7/22/2004 <hr/> 11.b. Approximate dollar value of such dealing. 35.00 12.a. Nature of interest held or income received. Board of trustees meeting lunch 35.00 <hr/> 12.b. Amount. 35.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.	85.00
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14.b. Amount of payment:

Name of Person Filing Louis G. Rasetta	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any P. O. Box 345 Street 177 Bedford St. City Lexington State MA ZIP Code + 4 02420	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9 b. or 9.c. is checked give trust or employer's name. Name Health and Welfare Funds Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any P. O. Box 345 Street 177 Bedford St. City Lexington State MA ZIP Code + 4 02420	11.a. Nature of such dealing. Health & Welfare Trustee working lunch meeting Radisson Hotel, Boston 11/2/2004 11.b. Approximate dollar value of such dealing. 35.00 12.a. Nature of interest held or income received. Trustee meeting meal 35.00 12.b. Amount. 35.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 345</p> <p>Street 177 Bedford St.</p> <p>City Lexington</p> <p>State MA ZIP Code + 4 02420</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 345</p> <p>Street 177 Bedford St.</p> <p>City Lexington</p> <p>State MA ZIP Code + 4 02040</p>	<p>11.a. Nature of such dealing.</p> <p>Pension & Annuity Trustee working lunch meeting- Radisson Hotel, Boston 9/28/2004</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 35.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Board of Trustees meal 35.00</p> <hr/> <p>12.b. Amount. 35.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

